Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10806111

		CLAIMS AS FILED - PART I SMALL ENTITY OTHER THE (Column 1) (Column 2) TYPE OR SMALL EN										
TOTAL CLAIMS			28.					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			28 minus 20=		• 8		•	XS 9=		OR	X\$18=	144
INDEPENDENT CLAIMS			2 m	inus 3 = '	.0		•	X43=		OR	X86=	
ML	JLTIPLE DEPE	NDENT CLAIM P	MINS 28 minus 20= * X X\$ 9= OR X\$18= [YY] A minus 3 = * O OR X\$6= AIM PRESENT In 1 is less than zero, enter *0" in column 2 AS AMENDED - PART II IN (Column 2) (Column 3) INING NUMBER PRESENT PREVIOUSLY PAID FOR Minus ** 28 = OR X\$18= Minus ** 3 = / OR ADDITED TOTAL OR TOTAL GIV OTHER THAN SMALL ENTITY OR SMALL ENTITY RATE TIONAL FEE X\$ 9= OR X\$18= X\$ 18= X\$ 20 OR ADDITED TOTAL OR TOTAL GIV OTHER THAN SMALL ENTITY OR ADDITED TOTAL FEE OR X\$ 18= OR X\$ 18= OR ADDITED TOTAL OR ADDITED TOTAL									
* If the difference in column 1 is less than zero, enter "0" in column 2							ı	TOTAL		₹		914
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)												
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO	EST BER OUSLY	PRESENT		RATE	TIONAL		RATE	TIONAL
NON.	Total ·	· /b	Minus	•• Ž	28	=		X\$ 9=		OR	X\$18≖	
AME	Independent	• 4		<u> </u>	<u> </u>	/		X43=		OR	X86=	200.00
L	FIRST PRESE	NIATION OF MU	JUITPLE DEI	PENDENT	CLAIM			+145=		OB	+290=	
			•			X43= OR X86= ZW. CO +145= OR +290= TOTAL OR ADDIT. FEE (Column 3) PRESENT EXTRA RATE TIONAL FEE WAS ADDIT. FEE						
		(Column 1)				(Column 3)		DD11,1 EE1				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT			BER JUSLY			RATE	TIONAL		RATE	TIONAL
	Total	•	Minuș	**		ļ		X\$ 9=		OR	X\$18≃.	
	Independent	•	Minus	***		=		X43=		oa	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL		00	TOTAL	
ADDIT, FEEON ADDIT, FEEON ADDIT, FEEON ADDIT, FEEON ADDIT, FEEON ADDIT, FEE												
AMENDMENT C		CLAIMS REMAINING . AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	ST IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=		OR	X§18=	
	Independent	•	Minus	***		=	F	X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OPTITION OR +145= **OPTITION OR +145=												
	i uie "Highest Nur The "Highest Num	tiber Previously Paid ber Previously Paid	zo Por IN THIS I For" (Total or	SPACE is Independel	less than ht) is the	n 3, enter "3.". highest numbe			ropriate box	in coh	umn 1.	